

**CHILD PARENTING TIME
(Formerly known as “VISITATION”)
and CHILD SUPPORT**

1

**To Change an
Existing Court Order**

When Parties Agree
(Forms Packet)



SELF SERVICE CENTER

AGREEMENT TO CHANGE A COURT ORDER FOR PARENTING TIME (Formerly known as “VISITATION”)

PETITIONER OR RESPONDENT THE AGREEMENT PAPERS (Forms Only)

How to assemble these documents

This packet contains court forms to file an agreement to modify a court order for child parenting time. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRMV7ft	Table of forms in this packet	1
2	DRMV7k	Checklist to file court papers to change parenting time and/or child support (when parties agree)	1
3	DRM10f	<i>“Family Court Post-Decree Coversheet”</i>	3
4	DRMV71f	<i>“Stipulation to Modify the Prior Court Order Regarding Parenting Time or Parenting Time and Child Support”</i>	1
5	DRMV78f	<i>“Order Modifying Parenting Time” or “Order Modifying Parenting Time and Child Support”</i>	3
6	DRCVG11f	<i>“Parenting Plan”</i>	5
7	DRS12f	<i>“Child Support Worksheet”</i>	7
8	DRS82f	<i>“Order of Assignment”</i>	1
9	DRS88f	<i>“Current Employer Information”</i>	1
10	DRMW82f	<i>“Order Stopping Order of Assignment”</i>	2
11	DRS89f	<i>“Judgment Data Sheet”</i>	1

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SELF SERVICE CENTER

COURT PAPERS TO CHANGE PARENTING TIME (formerly known as "Visitation") or PARENTING TIME and CHILD SUPPORT (WHEN PARTIES AGREE)

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have a court order about parenting time or a court order about parenting time and child support,
AND
- ✓ Both parties to the current court order agree that you want to have the court order about Parenting Time or court order about Parenting Time and child support changed,
AND
- ✓ The children have lived in Arizona for at least 6 months **or** since birth before you will file the agreement papers, or you talked to a lawyer who told you that you could file your case in Arizona.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

**Superior Court of Arizona
Maricopa County**

Family Court Cover Sheet

For use with Minor Children

**Check only one box that matches
the legal procedure for which you are
filing the documents in this packet:**

- ☐ **Modification (Change) of Custody**
- ☐ **Modification (Change) of
Parenting Time (Visitation)**
- ☐ **Modification (Change) of Support Only**
- ☐ **Modification (Change) of
Assignment Only**
- ☐ **Enforcement of Custody, Parenting
Time (Visitation) or Support**
- ☐ **Enforcement of Property Division**
- ☐ **Other**

Case Number from existing FC case

ATLAS number(s) if applicable

Instructions:

- **You must provide the following information about yourself and the other party.**
- **Type or print neatly in black ink**
- **If more room is needed for children or Petitioner/Respondent, please attach a separate page**
- **You must list the Petitioner from the original case as the Petitioner below and the Respondent from the original case as the Respondent below**

Information About the Petitioner:

Name:

Address:

City, State, Zip:

Home phone #:

Information About the Respondent:

Name:

Address:

City, State, Zip:

Home phone #:

Work phone number:

Cell phone/pager:

Date of Birth:

Social Security #:

E-mail address:

Work phone number:

Cell phone/pager:

Date of Birth:

Social Security:

E-mail address:

Lawyer's Name and Bar Number: _____

(Provide this information only if YOU have an attorney)

Names, Dates of Birth, and Social Security Numbers for Minor Children Involved:

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Names and D/O/B's of any OTHER minor children of the Petitioner and/or the Respondent who are NOT involved in this case.

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? ☐ Yes ☐ No. If you checked the "Yes" box, please describe the case and include case numbers and court location. _____

Domestic Violence Section

Is anyone mentioned on this cover sheet currently a victim of any family or domestic violence?

☐ Yes ☐ No

Has anyone listed on this cover sheet been the plaintiff, defendant, or named in a petition for an Order of Protection? ☐ Yes ☐ No

If Yes, please identify: _____

Was the Order of Protection granted by the Maricopa County Superior Court? ☐ Yes ☐ No

If No, in what court was the Order of Protection granted? _____

Children's Issues Section

Are any of the children named above in any physical danger due to abuse or neglect?

☐ Yes ☐ No

Has anyone named on this sheet had any involvement with Child Protective Services in Arizona?

☐ Yes ☐ No

If Yes, please provide the CPS or Juvenile Court case number:

INTERPRETER. Is an interpreter needed for either of the parties? If so, please check the appropriate box(es) below. **NOTE: THIS IS NOT AN OFFICIAL REQUEST FOR AN INTERPRETER. THIS INFORMATION IS TO BE USED FOR INTERNAL PURPOSES ONLY.**

☐ Petitioner

☐ Respondent

Language:

☐ Spanish/(Español) ☐ Other _____

LOCATION. (Check the Superior Court Location where you will be filing these documents:

☐ Downtown Phoenix

☐ Southeast Regional (Mesa)

☐ Northwest Regional (Surprise)

Petitioner's Name:(A) _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for Petitioner

Respondent's Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) or ☐ Attorney for Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner (B)

Case Number: _____ (C)

**STIPULATION TO MODIFY THE PRIOR
COURT ORDER REGARDING
PARENTING TIME (Formerly known as
"VISITATION") or PARENTING TIME
AND CHILD SUPPORT**

Name of Respondent

Petitioner and Respondent agree as follows:

1. **AGREE AND UNDERSTAND:** I have read this Stipulation and *the "Order to Change Prior Parenting time and/or Support Order."* I understand and agree with what is written in the Stipulation and Order which is attached. Parenting time and Child Support, if necessary, shall be ordered in accordance with the attached Order which has been approved and signed by both parties. **(D)**
2. **PRIOR ORDER.** If the new parenting time and/or support order is granted by this court, it will replace the court order dated _____ and issued by _____ (name of judge). If the Superior Court of Arizona in Maricopa County did not issue the order, we have attached a copy of the order to the original and all copies of this Stipulation. If the Superior Court of Arizona in Maricopa County issued the order, we have attached a copy of the order to the copy of the papers for the judge. We have not attached a copy to the original Stipulation. **(E)**
3. **PARENTING TIME AND CHILD SUPPORT.** The agreement regarding parenting time and child support is in the best interest of the minor child(ren). **(F)**

SIGNATURE BY PETITIONER AND RESPONDENT: Everything stated by me/us in this Stipulation is true and correct to the best of my/our knowledge, information, and belief. **(G)**

PETITIONER

Date

RESPONDENT

Date

Petitioner's Name: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney's Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) or ☐ Attorney for Petitioner _____

Respondent's Name: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney's Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) or ☐ Attorney for Respondent _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner,

Case Number: _____

ORDER MODIFYING

☐ **PARENTING TIME** (formerly known as
"VISITATION") or

☐ **PARENTING TIME AND CHILD
SUPPORT**

Name of Respondent.

THE COURT FINDS:

1. This case has come before this court for a final Order based upon the agreement of the parties.
2. This court has jurisdiction to change parenting time and/or support, and has jurisdiction over the parties. Where it has the legal power to do so and where it is applicable to the facts of this case, this court has considered, approved, and made Orders relating to parenting time and/or support.
3. This Order applies to the following child(ren).

NAME OF CHILD(REN)

BIRTH DATE(s)/SOCIAL SECURITY NUMBER(s)

_____	_____
_____	_____
_____	_____
_____	_____

4. **GROUND(S) FOR CHANGING PARENTING TIME and/or Child Support.** Based upon the stipulation of the parties, it is in the best interest of the child(ren) to change parenting time and/or child support at this time.

THE COURT ORDERS:

1. The Order regarding parenting time and support dated _____ is changed as follows:

A. PARENTING TIME is changed pursuant to the attached Parenting Plan.

B. CHILD SUPPORT. ☐ Mother or ☐ Father shall pay child support to the other party in the amount of \$ _____ per month payable on the first day of each month, beginning the first day of the month following the signing of this Order. Child support is based on Exhibit 1 (Child Support Worksheet/Short Version) attached hereto and incorporated by reference. All child support payments shall be made through the Clerk of the Superior Court/Clearinghouse, plus an applicable statutory fee by Order of Assignment, attached as Exhibit 2.

☐ **CHILD SUPPORT DEVIATION.** The court, having considered the best interests of the child(ren), deviates from the guidelines for the following reasons. (Describe reasons.)

C. MEDICAL AND DENTAL INSURANCE, PAYMENTS AND EXPENSES.

☐ Mother or ☐ Father is ordered to provide medical and dental insurance for the minor child(ren). All uninsured medical and dental expenses shall be paid as follows: _____ % by Mother, and the remaining percentage by Father.

D. MEDIATION. If Mother and Father cannot agree to custody, parenting time, and/or support, the parties are required to seek a private mediator, or court-provided mediator before starting any court actions.

E. OTHER ORDERS. This court makes further Orders relating to this matter as follows:

DONE IN OPEN COURT: _____

JUDGE OR COURT COMMISSIONER

ORDER REGARDING PARENTING TIME and/or SUPPORT

State of Arizona)
County of Maricopa)ss.

SIGNATURE BY PETITIONER AND RESPONDENT. Everything stated by me in this Order and the documents accompanying it is true and correct.

Petitioner's Signature

Respondent's Signature

Subscribed and sworn to before me on _____ by Petitioner.
(month, day, year)

My commission expires:

Notary Public

Subscribed and sworn to before me on _____ by Respondent.
(month, day, year)

My commission expires:

Notary Public

Approved as to form and content by the parties' lawyers (if applicable):

Petitioner's Lawyer: _____

Respondent's Lawyer: _____

Attorney General Signature: _____

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without Attorney) OR ☐ Attorney for ☐ Petitioner ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner

Case Number _____

AND

PARENTING PLAN FOR:
☐ **JOINT CUSTODY WITH JOINT
CUSTODY AGREEMENT**
OR
☐ **SOLE CUSTODY**

Name of Respondent

☐ Mother
☐ Father

INSTRUCTIONS

This document has 3 parts: PART 1) General Information; PART 2) Custody and Parenting Time; PART 3) Joint Custody Agreement.

One or both parents must complete and sign the Plan as follows:

- a. If both parents agree to joint custody: Both parents must sign the Plan at the end of PART 2 and at the end of PART 3;
- b. If both parents agree to custody and parenting time arrangements but not to joint custody: Both parents must sign the Plan at the end of PART 2;
- c. If only one parent is submitting the Plan: That parent must sign at the end of PART 2

PART 1: GENERAL INFORMATION:

A. CHILDREN. This Plan concerns the following children: (Use additional paper if necessary)

_____	_____
_____	_____
_____	_____
_____	_____

- B. CUSTODY ARRANGEMENTS REQUESTED IN THIS PLAN:** The following custody arrangement is requested: (Check the box(es) that apply.)
- ☐ **JOINT LEGAL CUSTODY DETERMINATION DEFERRED:** The parent's request for joint legal custody is deferred to the court for determination. **OR,**
- ☐ **JOINT LEGAL CUSTODY AGREEMENT:** The parents agree to joint legal custody and request the court to approve the joint legal custody arrangement as described in this Plan, **OR**
☐ Mother or ☐ Father will be the primary custodial parent
- ☐ **SOLE LEGAL CUSTODY AGREEMENT:** The parents agree that ☐ Mother or ☐ Father will be the parent with sole legal custody and shall be the primary custodial parent. The parents agree that since each has a unique contribution to offer to the growth and development of their child(ren), each of them will continue to have a full and active role in providing a sound moral, social, economic, and educational environment for the benefit of the child(ren), as described in the following pages. **OR,**
- ☐ **SOLE LEGAL CUSTODY REQUESTED BY THE PARENT SUBMITTING THIS PLAN:** The parents cannot agree to the terms of custody and parenting time. The parent submitting this Plan asks the court to order custody and parenting time according to this Plan.
- ☐ **RESTRICTED, SUPERVISED, OR NO PARENTING TIME:** The parent submitting this Plan asks the court for an order restricting parenting time. The facts and information related to this request are described in the Petition.

PART 2: CUSTODY AND PARENTING TIME. Complete each section below. Be specific about what you want the judge to approve in the court order.

- A. WEEKDAY AND WEEKEND SCHEDULE:** The time-sharing schedule will be as follows:
- ☐ The children will be in the care of Father as follows: (Explain).
- ☐ The children will be in the care of Mother as follows: (Explain).
- ☐ Other custody arrangements are as follows: (Explain).
- ☐ Transportation will be provided as follows:
☐ Mother or ☐ Father will pick the children up at _____ o'clock.
☐ Mother or ☐ Father will drop the children off at _____ o'clock.
 Parents may change their time-share arrangements by mutual agreement with at least ____ days notice in advance to the other parent.
- B. SUMMER MONTHS OR SCHOOL BREAK LONGER THAN 4 DAYS:** The weekday and weekend schedule described above will apply for all 12 calendar months **EXCEPT:**
- ☐ During summer months or school breaks that last longer than 4 days, no changes shall be made. **OR,**
- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Father: (Explain.)
- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Mother: (Explain.)
- ☐ Each parent is entitled to a _____ week period of vacation time with the child(ren). The parents will work out the details of the vacation at least _____ days in advance.

- ☐ Should either parent travel out of the area with the child(ren), each parent will keep the other parent informed of travel plans, address(es), and telephone number(s) at which that parent and the child(ren) can be reached.
- ☐ Neither parent shall travel with the child(ren) outside Arizona for longer than _____ days without the prior written consent of the other parent or order of the court.

C. HOLIDAY SCHEDULE: The holiday schedule takes priority over the regular time-sharing schedule as described above. Check the box(es) that apply and indicate the years of the holiday access/Parenting time schedule.

Holiday		Even Years		Odd Years	
<input type="checkbox"/>	New Year's Eve	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	New Year's Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Spring Vacation	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Easter	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	4th of July	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Halloween	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Veteran's Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Thanksgiving	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Hanukkah	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Christmas Eve	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Winter Break	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Child's Birthday	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Mother's Day will be celebrated with the Mother every year				
<input type="checkbox"/>	Father's Day will be celebrated with the Father every year.				
<input type="checkbox"/>	Each parent may have the child(ren) on his or her birthday.				
<input type="checkbox"/>	Three-day weekends which include Martin Luther King Day, Presidents' Day, Memorial Day, Labor Day, Columbus Day, the children will remain in the care of the parent who has the child(ren) for the weekend.				
<input type="checkbox"/>	Other Holidays (Describe the other holidays and the arrangement.)				

- ☐ Each parent may have telephone contact with the child(ren) during the child(ren)'s normal waking hours
- ☐ Other (Explain)

D. PARENTAL ACCESS TO RECORDS AND INFORMATION: Under Arizona law (A.R.S. §25-403), unless otherwise provided by court order or law, on reasonable request, both parents are entitled to have equal access to documents and other information concerning the child(ren)'s education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without a prior court order is subject to legal sanctions.

E. EDUCATIONAL ARRANGEMENTS:

- ☐ Both parents have the right to participate in school conferences, events and activities, and the right to consult with teachers and other school personnel.
- ☐ Both parents will make major educational decisions together. If the parents do not reach an agreement, then the final decision making regarding educational decisions shall be with
☐ Mother OR ☐ Father after consultation with _____

F. MEDICAL AND DENTAL ARRANGEMENTS:

- ☐ Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the child(ren), to cooperate on health matters concerning the child(ren) and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.
- ☐ Both parents will make major medical decisions together, except for emergency situations as noted above. If the parents do not agree, then the final decision regarding medical issues will be with:
☐ Mother OR ☐ Father after consultation with _____

G. RELIGIOUS EDUCATION ARRANGEMENTS:

- ☐ Each parent may take the child(ren) to a church or place of worship of his or her choice during the time that the child(ren) is/are in his or her care.
- ☐ Both parents agree that the child(ren) may be instructed in the _____ faith.
- ☐ Both parents agree that religious arrangements are not applicable to this plan.

H. ADDITIONAL ARRANGEMENTS AND COMMENTS:

- ☐ **NOTIFY OTHER PARENT OF ADDRESS CHANGE.** Each parent will inform the other parent of any change of address and/or phone number in advance **OR** within _____ days of the change.
- ☐ **NOTIFY OTHER PARENT OF EMERGENCY.** Both parents agree that each parent will promptly inform the other parent of any emergency or other important event that involves the child(ren)
- ☐ **TALK TO OTHER PARENT ABOUT EXTRA ACTIVITIES.** Each parent will consult and agree with the other parent regarding any extra activity that affects the child(ren)'s access to the other parent.
- ☐ **ASK OTHER PARENT IF HE/SHE WANTS TO TAKE CARE OF CHILD(REN).** Each parent agrees to consider the other parent as care-provider for the child(ren) before making other arrangements.
- ☐ **OBTAIN WRITTEN CONSENT BEFORE MOVING.** Neither parent will move with the child(ren) out of the Phoenix metropolitan area without prior written consent of the other parent, or a court ordered Parenting Plan.
- ☐ **COMMUNICATE.** Each parent agrees that all communications regarding the child(ren) will be between the parents and that they will **not** use the child(ren) to convey information or to set up parenting time changes.
- ☐ **PRAISE OTHER PARENT.** Each parent agrees to encourage love and respect between the child(ren) and the other parent, and neither parent shall do anything that may hurt the other parent's relationship with the child(ren)

- ☐ **COOPERATE AND WORK TOGETHER.** Both parents agree to exert their best efforts to work cooperatively in future plans consistent with the best interests of the child(ren) and to amicably resolve such disputes as may arise.
- ☐ **PARENTING PLAN.** Both parents agree that if either parent moves out of the area and returns later, they will use the most recent ***"Parenting Plan/Access Agreement"*** in place before the move **or** the minimum Maricopa County Access Guidelines until other arrangements can be worked out.
- ☐ **NOTIFY OTHER PARENT OF PROBLEMS WITH TIME-SHARING AHEAD OF TIME.** If either parent is unable to follow through with the time-sharing arrangements involving the child(ren), that parent will notify the other parent as soon as possible.
- ☐ **MEDIATION.** If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, they may request mediation through the court or a private mediator of their choice
- ☐ **DO NOT DEVIATE FROM PLAN UNTIL DISPUTE IS RESOLVED.** Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan, or act in such a way that is inconsistent with the terms of this agreement.

NOTICE TO PARENTS: Once this Plan has been made an order of the court, if either parent disobeys the court order related to parenting time with the child(ren), the other parent may submit court papers to Expedited Parenting Time Services for possible enforcement. See the Self-Service Center materials for help.

I. SIGNATURE OF BOTH PARTIES

Signature of Mother: _____ Date: _____
 Signature of Father: _____ Date: _____

PART 3: JOINT CUSTODY AGREEMENT (IF APPLICABLE):

- A.** ☐ **JOINT CUSTODY AGREEMENT:** If the parents have agreed to joint custody, the following will apply, subject to approval by the judge:
- 1. REVIEW PARENTING PLAN.** The parents agree to review the terms of the joint custody agreement and make any necessary or desired changes every _____ months from the date of this document.
 - 2. CRITERIA.** Our joint custody agreement meets the criteria required by Arizona law (A.R.S. §25-403)
 - a.** The best interests of the child(ren) are served;
 - b.** Each parent's rights and responsibilities for personal care of the child(ren) and for decisions in education, health care and religious training are designated in this Plan;
 - c.** A schedule of the physical residence of the child(ren), including holidays and school vacations is included in the Plan;
 - d.** The Plan includes a procedure for periodic review;
 - e.** The Plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved
 - f.** The parties understand that joint custody does not necessarily mean equal parenting time.

B. SIGNATURE OF BOTH PARENTS REQUESTING JOINT CUSTODY

Signature of Mother: _____ Date: _____
 Signature of Father: _____ Date: _____

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Daytime Phone: _____
Evening Phone: _____
Representing: ☐ Self ☐ Attorney
State Bar Number: _____

SUPERIOR COURT OF ARIZONA
IN _____(2) COUNTY

(3) _____)
Petitioner/Plaintiff,)
_____))
_____))
DOB _____ SSN _____)
VS. _____)
_____))
(4) _____)
Respondent/Defendant,)
_____))
_____))
DOB _____ SSN _____)

Case No. (5) _____

ATLAS No. _____

**PARENT'S WORKSHEET
FOR CHILD SUPPORT AMOUNT**

Prepared By:
(6) ☐ Father ☐ Mother
☐ Court ☐ State

MONTHLY GROSS INCOME

Total Monthly Gross Income

(7) Estimated/Attributed to: ☐ Father ☐ Mother
(Explanation is required on the sheets following
the signature page at Item 7)

Adopted by Court ☐ Yes ☐ No

Father Mother

_____ (8) _____

ADJUSTMENTS TO MONTHLY GROSS INCOME

(Can be an addition or deduction)

Court-Ordered Spousal Maintenance Actually Received +/- Paid _____ (9) _____

Court-Ordered Child Support Actually Paid or _____ (10) _____

Contributed for Children of Other Relationships _____ (11) _____

Cost of Supporting Children of Other Relationships _____ (12) _____
(Explanation is required on the sheets following the
signature page at Item 11)

Adjusted Monthly Gross Income for Each Parent _____ (12) _____
(add or subtract lines 9 through 11 from line 8)

COMBINED ADJUSTED MONTHLY GROSS INCOME

Add both amounts from line 12 together.

(13) _____

Need Help with the calculations? Call 602-506-3762 for an appointment for assistance at the Phoenix, Surprise, or Mesa courthouse locations. Ask for the "Calculations Department."

BASIC CHILD SUPPORT OBLIGATION

Number of children for whom support is requested: (14) _____
provide details on the sheets following the
signature page at Item 14)

Basic Child Support Obligation (from the Schedule) (15) _____

ADJUSTMENTS FOR NECESSARY EXPENSES

You may need to complete items 30-31; (Explanation is required
on the sheets following the signature page.)

	<u>Father</u>	<u>Mother</u>
Medical/Dental Insurance Costs for Children	_____ (16)	_____
Child Care Costs	_____ (17)	_____
Adjusted for Tax Credit	_____ (17a)	_____
Extra Education Costs	_____ (18)	_____
Extraordinary/Special Needs Child Costs	_____ (19)	_____
Court-Ordered Visitation/Exchange Costs	_____ (20)	_____
Number of Child(ren) 12 and Over _____ 0 - 10% _____	(21)	_____
Total Adjustments for Necessary Expenses	(22)	_____

TOTAL CHILD SUPPORT OBLIGATION

Total Child Support Obligation (add lines 15 and 22) (23) _____

EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME

	<u>Father</u>	<u>Mother</u>
Calculate for each parent:		
Parents' Adjusted gross income (from line 12)	_____ (24)	_____
Combined adjusted gross income (from line 13)	_____ (25)	_____
Parents' Adjusted gross income DIVIDED BY combined adjusted gross income EQUALS	_____ % (26)	_____ %

EACH PARENT'S PERCENTAGE (%) OF THE TOTAL SUPPORT OBLIGATION

Calculate for each parent:

Total child support obligation (from line 23)	_____ (27)	_____
Percentage of combined adjusted gross income (from line 26)	_____ % (28)	_____ %

Percentage TIMES the total obligation EQUALS the amount _____ (29) _____
of the parent's support obligation

COMPLETE THIS SECTION FOR COSTS PAID BY THE NON-CUSTODIAL PARENT:

Father

Mother

ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION

Requested Adjustment to be completed for paying parent **ONLY**

Using ☐ Table A Or ☐ Table B

Number of Visitation Days _____ Per year (Explain on page 7)

Visitation Table Percentage _____ X Line 15 = _____ (30) _____

MEDICAL INSURANCE MONTHLY PREMIUM ADJUSTMENT

Enter the monthly amount of the medical/dental insurance _____ (31) _____
premium paid directly to an insurance carrier by the
non-custodial parent (from line 16) [Guidelines 11]

CHILD CARE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial _____ (31) _____
parent for work-related child care. (From line 17a)

EXTRA EDUCATION ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial _____ (31) _____
parent for extra education costs agreed upon by both parents or
ordered by the court. (From line 18)

EXTRAORDINARY/SPECIAL NEEDS CHILD ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial _____ (31) _____
parent for costs associated with special needs of gifted or
handicapped children. (From line 19)

COURT-ORDERED VISITATION/EXCHANGE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial _____ (31) _____
parent for costs associated with court-imposed supervised exchanges.
(From line 20)

ADJUSTMENTS SUBTOTAL

Add lines 30 and 31. _____ (32) _____

PRELIMINARY CHILD SUPPORT AMOUNT

Deduct line 32 from line 29. _____ (33) _____

IF YOU HAVE SOLE CUSTODY, PERFORM THE SELF-SUPPORT RESERVE TEST (LINE 36) AND GO TO LINE 38.

IF YOU HAVE ALTERNATIVE CUSTODY ARRANGEMENTS, COMPLETE EQUAL TIME SHARING (LINE 34) OR MULTIPLE CHILDREN (LINE 35) SECTIONS AND THE SELF SUPPORT RESERVE TEST (LINE 36); THEN GO TO LINE 38.

	<u>Father</u>	<u>Mother</u>
<u>EQUAL TIME SHARING WHEN INCOMES ARE NOT EQUAL</u>		
Prepare a Parent's Worksheet where neither party receives a visitation adjustment. Determine which parent has the lower support amount on line 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid by the parent with the higher preliminary child support amount to the parent with the lower preliminary child support amount. Explain on the sheets following the signature page.	_____ (34)	_____

<u>MULTIPLE CHILDREN, DIVIDED CUSTODY</u>		
Prepare a Parent's Worksheet to determine support for children in the Mother's household and a separate worksheet for children in the father's household. Determine which parent has the lower support amount from line 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Explain your calculations on the sheets following the signature page.	_____ (35)	_____

<u>SELF-SUPPORT RESERVE TEST</u>		
Paying parent's Adjusted Gross Income from line 12	_____ (12)	_____
Minus reserve	(\$710) (36a)	(\$710)
Minus arrears	() (36b)	()
RESULT	_____ (37)	_____

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

<u>AMOUNT TO BE ORDERED BY THE PARENT ORDERED TO PAY BASED ON THESE CALCULATIONS</u>		
Enter the lesser of the amounts shown on line 33, 34, 35 or 37.	_____ (38)	_____

<u>DEVIATION FROM THE GUIDELINES SUPPORT AMOUNT</u>		
If you believe the Guidelines support amount is too high or too low in your case, enter the amount which you believe the court should order as child support in this case. Explain why on the sheets following the signature page.	_____ (39)	_____

RESPONSIBILITY FOR VISITATION-RELATED TRAVEL EXPENSES

Enter on this line the amount or percentage you think each parent should pay towards the travel/transportation expenses associated with visitation. The allocation of travel expenses does not change the amount of the support ordered. Explain on the sheets following the signature page. _____ (40) _____

RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE

Father

Mother

Percentage of uninsured medical expenses that each parent should pay. _____ (41) _____

I have read this document, and the facts are true and correct to the best of my knowledge or belief.

Date _____ (42)
Signature of Person Filing

State of Arizona)
)ss. Acknowledged before me on this date: _____
County of _____)

My Commission Expires: _____
Notary Public or Clerk

I have read this document, and the information provided is an accurate representation of the facts as supplied to me by _____.

Date: _____
Attorney Filing

BASIS FOR AMOUNTS SHOWN ON WORKSHEET

(7) Estimated/Attributed Income - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples. (Guidelines 4.e.)

(11) Cost of Supporting Children of Other Relationships - List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for these children. [Guidelines 5.a., 5.b., and 5.c.]

(11 – cont.) Name(s)

Date(s) of Birth(s)

Social Security Number(s)

(14) Children for whom Support is Requested - List the name(s) and age(s) of the natural or adopted child(ren) for whom you are requesting support.

Name(s)

Date(s) of Birth

12 or over
Y / N

Social Security Number(s)

(17) Child Care Costs - If the custodial parent's income is in excess of the chart in Guidelines 8.b.1., the court may adjust the cost of day care in order to apportion the dependent care tax credit benefit. The court may reduce the annualized amount of day care by 25% with a maximum monthly reduction of \$50 per month for one child, \$100 per month for two or more children.

Custodial Parent

Monthly Child
Care Costs

X

Number
of months

=
Annual
Cost

X .75

=
Adjusted
Cost

÷ 12 =

Adjusted
Monthly Cost

X

_____ =

X .75

=

_____ ÷ 12 =

Non-custodial Parent

Monthly Child
Care Costs

X

Number
of months

=
Annual
Cost

÷ 12 =

Adjusted
Monthly Cost

X

_____ =

÷ 12 =

(21) Child 12 and Over - Follow the worksheet instructions for item 21. Explain why you need extra money to support the child(ren) age 12 and over. (Guidelines 8.b.2.)

(30) Adjustment for Costs Associated with Visitation - Calculate the number of visitation days per year. (Guidelines 10)

Extended periods _____ days

Weekend periods _____ days

Holidays periods _____ days

Midweek periods _____ days

School breaks _____ days

Other periods _____ days

Upon proof that certain costs usually incurred in the custodial household are NOT substantially or equally shared by both parents, Visitation Table B must be used. Explain the basis of the requested adjustment:

(34) Equal Time Sharing, Unequal Incomes – ***IF*** the amount entered on Line 38 was taken from Line 34, show how you arrived at the amount on line 38: (Guidelines 10)

Enter the Higher of the two amounts listed on line 33: _____

Enter the Lower of the two amounts listed on line 33: _____

Subtract the Lower amount. The Result is: _____

Divide the Amount of the Result by 2 (Result ÷ 2) = _____

(35) Multiple Children, Divided Custody – ***IF*** the amount entered on Line 38 was taken from line 35, show how you arrived at the amount on line 38. (Guidelines 14)

Enter the Higher of the two amounts listed on line 33: _____

Enter the Lower of the two amounts listed on line 33: _____

Subtract the Lower amount. The Result is: _____

(39) Deviation From the Guidelines Support Amount - If you believe the Guidelines support amount is too high or too low in your case, explain why. **READ THE GUIDELINES GENERALLY AND SECTION 18 IN PARTICULAR.** (This does not include physical custody adjustments; those are considered in item 30.) Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings. [Guidelines 18]

Requested Support Amount: \$ _____

(40) Visitation-Related Travel Expenses - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 38. The allocation of travel expenses does not change the amount of the support ordered. (Guidelines 16)

Federal Tax Exemption - Explain how you want the tax exemptions for the child(ren) allocated and the reason for such an allocation. [Guidelines 26]

**THE SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

(1) _____)
Petitioner/Plaintiff)
vs) (3) Case No. _____
(2) _____) (4) Atlas No _____
Respondent/Defendant)

ORDER OF ASSIGNMENT

TO: CURRENT AND FUTURE EMPLOYERS OR OTHER PAYORS OF:

(5) Name: _____ SSN: _____

THIS ORDER MODIFIES AND REPLACES ANY PREVIOUS **"ORDER OF ASSIGNMENT"** WITH THE SAME CASE NUMBER.

You shall withhold court-ordered payments as follows:

Current Child Support	\$ _____
Current Spousal Maintenance/ Support	\$ _____
Payments on Arrears/Interest	\$ _____
Clearinghouse Handling Fee	\$ 2.25 per month*

TOTAL AMOUNT per month \$ _____ but no more than 50% of disposable earnings (A.R.S. § 33-1131). *The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This **"Order of Assignment"** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of ninety (90) continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by this **"Order of Assignment."** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

You shall not discharge or otherwise discipline the person named in this assignment, because of service of this "Order of Assignment."

The above ATLAS number and employee's name must appear on the Transmittal Form or check. Make checks payable to - and send to:
Support Clearinghouse, PO Box 52107, Phoenix, AZ 85072-2107.

Dated this _____ day of _____, 20____.

Judicial Officer or Clerk of Superior Court

CURRENT EMPLOYER INFORMATION

You may also fill out this form online at the Family Support Center Website at:

<http://www.familysupportcenter.maricopa.gov>

THIS FORM MUST BE COMPLETED FOR:

- ☐ **AN ORDER OF ASSIGNMENT (STAPLE TO THE ORDER OF ASSIGNMENT)**
- ☐ **ORDER TO STOP AN ORDER OF ASSIGNMENT (STAPLE TO THE STOP ORDER)**
- ☐ **NOTIFICATION OF A CHANGE OF EMPLOYER**

CASE NUMBER: _____ **ATLAS NUMBER:** _____

PAYOR NAME: _____ **SSN:** _____
(PERSON TO MAKE PAYMENTS)

LIST ONLY THE EMPLOYER'S NAME AND PAYROLL ADDRESS WHERE THE ORDER OF ASSIGNMENT OR STOP ORDER SHOULD BE MAILED.

CURRENT EMPLOYER NAME: _____

PAYROLL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMPLOYER TELEPHONE: _____

EMPLOYER FAX: _____

FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.

WA/FSC

WA/LOG ID:	_____
TYPE OF W/A	_____
DATE	_____
AMOUNT OF ORDER	_____
EMPLOYER STATUS	_____
ENTERED BY	_____
NEW W/A	_____
AG	_____
	SUB _____
	DCSE _____

**SUPERIOR COURT OF ARIZONA
COUNTY OF MARICOPA**

(1) _____
(Name of Petitioner)

Case No. (2) _____

v.

**ORDER STOPPING "ORDER
OF ASSIGNMENT"**

(3) _____
(Name of Respondent)

TO: CURRENT employers or other payors of:

Name of Obligor: _____ (4)

Social Security Number: _____

This Order concerns the "*Order of Assignment*" with the same case number as this "*Order Stopping Order of Assignment.*" The "*Order of Assignment*" was issued on (date) _____ (5) (Indicate the Date of "*Order of Assignment*").

1. You shall **STOP** withholding monies pursuant to the "*Order of Assignment.*"

- ☐ Immediately, OR
☐ After you withhold and send \$_____ to the Support Payment Clearinghouse.

Case Number _____

The Clerk of the Superior Court/Clearinghouse is ordered:

- ☐ To release any monies currently in the possession of the Clerk/Clearinghouse based on an Order directing the Clerk of the Court to "hold" monies pending the direction of the Court:
- ☐ to the obligee/payee in total and any future payments, **OR**
 - ☐ to the obligor/payor in total and any future payments, **OR**
 - ☐ to the obligee/payee in the amount of \$ _____. The remainder and any future payment shall be sent to the obligor/payor, **OR**
 - ☐ release current support in the amount of \$ _____ per month to the obligee/payee and the remainder, if any, to the obligor/payor, **OR**
 - ☐ Other. _____
- _____
- _____

OR

- ☐ To disburse any monies received by the Clerk/Clearinghouse, from the date of this Order, from the obligor/payor/employer in the amount of \$ _____ to the obligee/payee and return the remainder to the obligor/payor.

OR

- ☐ To return any monies received by the Clerk/Clearinghouse, from the date of this Order, from the obligor/payor/employer to the obligor/payor.

OR

- ☐ Other. _____
- _____
- _____

Dated: _____

Judicial Officer

Case No. _____

ATLAS No. _____

JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY*)

ATTENTION: COURT DIVISION AND STAFF. DO NOT FILE THIS DOCUMENT. DO NOT DISTRIBUTE THE COMPLETED JUDGMENT DATA SHEET TO THE PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE ONLY.

PERSON TO RECEIVE PAYMENTS:

Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

SSN: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

PERSON TO MAKE PAYMENTS:

Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

SSN: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS: Firm Name: _____

Payroll Mailing Address: _____

Phone: _____

Email Address: _____

CHILDREN:

Name	Gender (M/F)	Date of Birth	Social Security No. (if available)
------	--------------	---------------	------------------------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

☐ Additional children listed on attached sheet.

FOR COURT USE ONLY

Order Date: _____	Type of Order: _____			
Current Child Support	Arrearages	Current Spousal Maint.	Arrearages	Miscellaneous
Amount _____	Amount _____	Amount _____	Amount _____	Med Ins _____
Frequency _____	Frequency _____	Frequency _____	Frequency _____	Frequency _____
Due Date _____	Total _____	Total _____	Total _____	Med Bills _____
	Thru Date _____	Due Date _____	Thru Date _____	Frequency _____
	Due Date _____		Due Date _____	Due Date _____